

MANUFACTURED HOME APPLICATION

Permit # _____

Make _____ Model _____ Year _____

Homes built prior to 1976 must have a fire & life safety inspection from Labor & Industries.

Dimensions _____ X _____ = _____ sq ft Permanent _____ Temporary _____

Provide a floor plan from manufacturer or draw on 8 ½ X 11 inch paper.

_____ Number of sections _____ Number of Bedrooms VIN # _____

Foundation

Blocks & tie downs _____ Ribbons or slab _____ Foundation or basement _____
(Provide engineered plans)

Other _____ Description _____

Certification identification number of the certified manufactured home installer supervising installation: _____

Is this home in a floodplain? Yes _____ No _____

If yes, anchors & foundation must resist flood forces, see FEMA 85 for more information

Is this home in a Noise Zone? Yes _____ No _____

If yes, provide letter from manufacturer certifying home will meet noise reduction requirements of ICC 14.01B

Is this a new installation? Yes _____ No _____

Current location if other than sales lot? Assessor Parcel No: _____

Is this replacing an existing home? Yes _____ No _____

If replacing, existing home is being moved to Assessor Parcel No: _____

Has the manufactured home been altered? Yes _____ No _____

If yes, home must be properly labeled by Washington State Department of Labor and Industries.

Provide copy of Water Availability form **approved** by the Island County Health Department.

Approval Date _____

Provide copy of septic permit or as-built **approved** by the Island County Health Department.

Septic permit # _____

Provide copy of access permit **approved** by the Island County Public Works Department.

Access Permit # _____